

TSD File Inventory Index

Date: May 28, 2004

Initial: CMH/ewad

Facility Name <u>Delphi Energy & Engine Management Systems (E-Flt-Two Fuel Air Site)</u>			
Facility Identification Number <u>IND 980568540</u>			
A.1 General Correspondence <u>A.1.8</u>	1	B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status	✓	1 Correspondence	
1 Correspondence	✓	2 All Other Permitting Documents (Not Part of the ARA)	
2 Notification and Acknowledgment	✓	C.1 Compliance - (Inspection Reports)	X
3 Part A Application and Amendments	✓	C.2 Compliance/Enforcement	X
4 Financial Insurance (Sudden, Non Sudden)		1 Land Disposal Restriction Notifications	
5 Change Under Interim Status Requests		2 Import/Export Notifications	
6 Annual and Biennial Reports	✓	C.3 FOIA Exemptions - Non-Releasable Documents	
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	X
1 Correspondence		1 RFA Correspondence	✓
2 Reports		2 Background Reports, Supporting Docs and Studies	
A.4 Closure/Post Closure	✓	3 State Prelim. Investigation Memos	
1 Correspondence	✓	4 RFA Reports	✓
2 Closure/Post Closure Plans, Certificates, etc	X	D. 2 Corrective Action/Facility Investigation	✓
A.5 Ambient Air Monitoring		1 RFI Correspondence	
1 Correspondence		2 RFI Workplan	
2 Reports		3 RFI Program Reports and Oversight	
B.1 Administrative Record		4 RFI Draft /Final Report	

TOTAL-2

5 RFI QAPP		7 Lab data, Soil Sampling/Groundwater	
6 RFI QAPP Correspondence		8 Progress Reports	
7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
8 RFI Progress Reports		1 Administrative Record 3008(h) Order	
9 Interim Measures Correspondence		2 Other Non-AR Documents	
10 Interim Measures Workplan and Reports		D.6 Environmental Indicator Determinations	
D.3 Corrective Action/Remediation Study		1 Forms/Checklists	
1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
2 Interim Measures		1 Correspondence	
3 CMS Workplan		2 Reports	
4 CMS Draft/Final Report		F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
5 Stabilization		G.1 Risk Assessment	
6 CMS Progress Reports		1 Human/Ecological Assessment	
7 Lab Data, Soil-Sampling/Groundwater		2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		3 Enforcement Confidential	
1 CMI Correspondence		4 Ecological - Administrative Record	
2 CMI Workplan		5 Permitting	
3 CMI Program Reports and Oversight		6 Corrective Action Remediation Study	
4 CMI Draft/Final Reports		7 Corrective Action/Remediation Implementation	
5 CMI QAPP		8 Endangered Species Act	
6 CMI Correspondence		9 Environmental Justice	

Note: Transmittal Letter to Be Included with Reports

Comments: Documents do not justify individual folders per schedule. A.I.S. Relisting
petition in separate folders

**A.2 Part A/
Interim Status**



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

file
REPLY TO ATTENTION OF:
RCRA ACTIVITIES

DEC 9 1982

SCHULTZ GORDON GEN SUPV
GMC AC SPARK PLUG DIV - WASTE TREAT
1300 N DORT HIGHWAY
FLINT MI 48556
FACILITY: 3026 ROBERT T LONGWAY B
LOCATION: FLINT MI 48556
ID NO.: MIT270010242

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: MIT270010242

NEW I.D. NO.: MID980568570

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

cc: Facility owner



RE: Information on Delphi WWTP in Flint?

Conforti, Rich (DEQ) to: Donald Heller

11/04/2011 08:05 AM

Cc: "Bridgford, Dale (DEQ)", "McCabe, John (DEQ)", "Montgomery, Delores (DEQ)", "Schinderle, Jack (DEQ)"

From: "Conforti, Rich (DEQ)" <CONFORTIR@michigan.gov>

To: Donald Heller/R5/USEPA/US@EPA

Cc: "Bridgford, Dale (DEQ)" <BRIDGFORDDD@michigan.gov>, "McCabe, John (DEQ)" <MCCABEJ@michigan.gov>, "Montgomery, Delores (DEQ)" <MONTGOMERYD1@michigan.gov>, "Schinderle, Jack (DEQ)"

History: This message has been replied to.

Hi Don,

Our records indicate the facility is a protective filer. We do not have a PA/VSI or other investigation information on the SWMUs. We do not have any information that indicates the WWTP underwent any State-lead investigation or corrective action determination.

Rich

Richard A. Conforti, Jr., P.E.
Environmental Engineer
DEQ - RMD
Phone: 517-241-2108
Fax: 517-373-4797

-----Original Message-----

From: Heller.Donald@epamail.epa.gov [mailto:Heller.Donald@epamail.epa.gov]
Sent: Monday, October 24, 2011 12:44 PM
To: Conforti, Rich (DEQ)
Cc: Bridgford, Dale (DEQ); McCabe, John (DEQ); Montgomery, Delores (DEQ); Schinderle, Jack (DEQ); SBUDA@michigan.gov
Subject: Information on Delphi WWTP in Flint?

Hello Everyone.

We intend to issue an order to replace the current voluntary corrective action agreement with DPH Holdings for the former Plant 400 on Dort Highway in Flint.

We are also looking at including the former Delphi WWTP at 3026 Robert Longway Highway (MID 980 568 570) in the corrective action as contiguous property. In order to do so, we are gathering any information we can find on the WWTP. All we have in our RCRA file is the Part A, Part A withdrawal, determination of exemption under the Clean Water Act.

In your files, would you have a PA/VSI or any other investigation information on the SWMUs at this facility? More importantly, has this WWTP undergone any State-lead investigation or corrective action determination?

Any information you may have would be a great help!

Thank you.

Donald A. Heller
Corrective Action Project Manager
U.S. EPA, Region 5

77 W. Jackson Boulevard (LU-9J)
Chicago, IL 60604
(312) 353-1248



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

JUN 02 1982

Gordon Schultz, Gen Supervisor
GMC AC Spark Plug Div. Waste Treatment
1300 North Dort Highway
Flint, Michigan 48556

RE: Interim Status Acknowledgement USEPA ID No. MIT270010242
FACILITY NAME: GMC AC Spark Plug Div. Waste Treatment

Dear Mr. Schultz:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: John R. Wilson, Jr., Gen Manager

928 6/1/82



AC Spark Plug

Division of General Motors Corporation Flint, Michigan 48556

March 10, 1981

EPA Region 5
RCRA Activities
P.O. A3587
Chicago, Ill. 60690

Dear Sharon

This is to verify that the following facility location addresses are correct on the EPA I.D. numbers as assigned to AC Spark Plug.

MIT270010226 Name of facility
GMC AC Spark Plug - Averill Ave - *corrected name 9/18/81 L.M.*
4143 Davison Road - facility location *corrected fac. add. 9/18/81 L.M.*
Flint, MI. 48556

MIT270010259 Name of facility
GMC Ac Spark Plug - Davison Engineering Facility location
1601 North Averill Ave.
Flint, MI. 48556

*check
I.D. no.*

ok MIT270010242 Name of facility
GMC AC Spark Plug - Waste Treatment Facility location - *corrected name 9-18-81 L.M.*
3026 Robert T. Longway Blvd.
Flint, MI. 48556

Gordon L. Schultz
General Supervisor
Department 1951

GS:pn

MAR 19 1981

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FACILITY NAME

GMC AC SPARK PLUG DIV - WASTE TREATMENT

EPA ID NUMBER

MIT270010242

FACILITY OPERATOR

GMC AC SPARK PLUG DIV WASTE TREATMENT

FACILITY OWNER

GMC AC SPARK PLUG DIV WASTE TREATMENT

FACILITY LOCATION

3026 ROBERT T LONGWAY BLVD
FLINT MI 48556

PROCESS CODE

DESIGN CAPACITY

UNIT OF MEASURE

T04 2550.00000 ✓
S02 3760.00000 ✓
T01 2,890,000 ~~2880.00000~~ ✓
S01 12120.00000 ✓

-----**KEY**-----

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE

STORAGE:			* GALLONS	G
-----			* LITERS	L
CONTAINER	S01	G OR L	* CUBIC YARDS	Y
TANK	S02	G OR L	* CUBIC METERS	C
WASTE PILE	S03	Y OR C	* GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY	V
DISPOSAL:			* TONS PER HOUR	D
-----			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
-----			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J,R,N,S,U,V	*	



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MIT270010242 REACKNOWLEDGEMENT

INSTALLATION ADDRESS

GMC AC SPARK PLUG DIV WASTE TREATMENT
1300 N DORT HIGHWAY
FLINT MI 48556

3026 ROBERT T LONGWAY BLVD
FLINT MI 48556

A

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

AC Spark Plug Division

II. INSTALLATION MAILING ADDRESS

General Motors Corporation

1300 N. Dort Highway

Flint, Michigan 48556

III. LOCATION OF INSTALLATION

Water Purification Facility

3026 Robert T. Longway Boulevard

Flint, Michigan 48556

FOR OFFICIAL USE ONLY

COMMENTS

C M I D 9 8 0 5 6 8 5 7 0

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

GMC AC SPARK PLUG DIV
WASTE TREATMENT

I. NAME OF INSTALLATION

A C S P A R K P L U G D I V I S I O N

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 1 3 0 0 N O R T H D O R T H I G H W A Y

CITY OR TOWN

ST.

ZIP CODE

4 F L I N T

M I

4 8 5 5 6

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 1 3 0 0 N O R T H D O R T H I G H W A Y

CITY OR TOWN

ST.

ZIP CODE

6 F L I N T

M I

4 8 5 5 6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 S C H U L T Z G O R D O N S U P E R V I S O R

3 1 3 - 7 6 6 - 2 1 4 1

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 G E N E R A L M O T O R S C O R P O R A T I O N

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete Item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

M I T 2 7 0 0 1 0 2 4 2

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 6 23 - 26	4 F 0 0 7 23 - 26	5 F 0 0 8 23 - 26	6 F 0 0 9 23 - 26
7 F 0 1 7 23 - 26	8 F 0 1 8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 3 0 23 - 26	32 P 0 9 8 23 - 26	33 P 0 9 9 23 - 26	34 P 1 0 4 23 - 26	35 P 1 0 6 23 - 26	36 P 1 2 1 23 - 26
37 U 0 0 2 23 - 26	38 U 0 1 9 23 - 26	39 U 2 2 6 23 - 26	40 U 2 2 8 23 - 26	41 U 2 2 9 23 - 26	42 U 2 3 9 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)
K. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Director of Plant Engineering

DATE SIGNED

8-11-80

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON
MARLENE J. FLUHARTY
GORDON E. GUYER
KERRY KAMMER
O. STEWART MYERS
DAVID D. OLSON
RAYMOND POUPORE

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING
P.O. BOX 30028
LANSING, MI 48909

DAVID F. HALES, Director

April 18, 1989

RECEIVED

APR 24 1989

S. D. Kelsey

Ms. Susan D. Kelsey
General Motors Corporation
AC Rochester Division
1300 N. Dort Highway
Flint, Michigan 48556

Dear Ms. Kelsey:

SUBJECT: Part A Application Withdrawal
MID 980 568 570

The Waste Management Division (WMD) has completed its review of the Part A application withdrawal request for the AC Rochester Division wastewater treatment plant in Flint, Michigan. Based upon the certification that you submitted on April 10, 1989, and facility inspections conducted by WMD staff, (the WMD has determined that the facility is not subject to the licensing requirements of the federal Resource Conservation and Recovery Act or the Michigan Hazardous Waste Management Act. The Part A withdrawal is, therefore, approved.

Hazardous waste generated at the facility must continue to be managed in accordance with the Act 64 Administrative Rules. If you have any questions or comments, please contact Ms. Kathleen Clancy at 517-373-7738.

Sincerely,

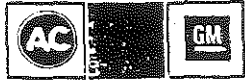
A handwritten signature in cursive script, reading "Alan J. Howard".

Alan J. Howard, Chief
Waste Management Division
517-373-9523

cc: Mr. Richard Traub, U.S. EPA
Mr. Leroy Vahovick, DNR-Lansing
Ms. Kathleen Clancy, DNR
Mr. Stephen Buda, DNR/O.L. File

RECEIVED

APR 11 1989



AC Rochester

Waste Management
Division

1300 N. Dort Highway
Flint, Michigan 48556 USA

April 10, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Kathleen Clancy, Environmental Engineer
Waste Management Division
Michigan Department of Natural Resources
P.O. Box 30028
Lansing, Michigan 48909

re: Part A administrative Closure
GMC, AC Spark Plug Division
Wastewater Treatment Plant
MID 980 568 570


RECEIVED
APR 10 1989
REGION III HEADQUARTERS

Dear Ms. Clancy:

In response to your letter of March 10, 1989 we are submitting a modified letter signed by Mr. Jan E. Tannehill, General Manager of AC Rochester Division certifying that the facility has not been used to store, transfer, treat nor dispose of hazardous waste. This revised letter has the wording that is specified in 40 CFR 270.11(d) verbatim. As General Manager responsible for all of AC Rochester facilities world-wide Mr. Tannehill is a responsible corporate officer as defined under 40 CFR 270.11(a)(1)(i).

If you have any questions regarding this information, please contact me at your earliest convenience on 313-257-6595.

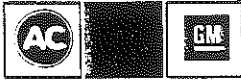
Sincerely,


Ms. Susan D. Kelsey
Senior Environmental Engineer
Divisional Environmental Activities

enclosure

/sk 431

cc: P. Quakenbush, MDNR
C. F. Koons, Techna Corp.
C. R. Wendel



AC Rochester

1300 N. Dort Highway
Flint, Michigan 48556 USA

April 10, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Kathleen Clancy, Environmental Engineer
Michigan Department of Natural Resources
Waste Management Division
Stevens T. Mason Building
P.O. Box 30028
Lansing, MI 48909

Subject: AC Spark Plug Division
General Motors Corporation
Wastewater Treatment Plant
MID 980 568 570

Dear Ms. Clancy:

This letter is to certify that General Motors Corporation, AC Rochester Division (formerly AC Spark Plug Division), Wastewater Treatment Plant MID 980 568 570 (formerly MIT 270 010 242), which is currently operating under interim status, has never been used to store, transfer, treat, nor dispose of hazardous wastes. This is also to request administrative closure of the facility.

The Wastewater Treatment Plant is a pre-treatment facility that discharges to the City of Flint sanitary sewer. It is excluded under Public Act 64 R 299.9601(6) and R 299.9503(1)(e) because it is subject to regulation under sections 307(b) and 402 of the Clean Water Act. It is located on-site, treating wastes transported entirely by pipeline. It does not receive wastes from off-site generators not owned by AC Rochester Division.

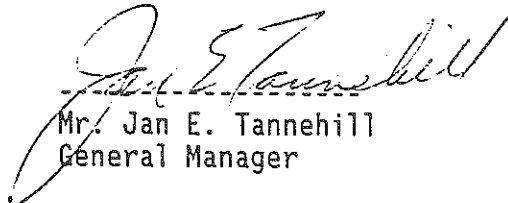
It has been determined that at the time of the original Part A permit application for AC Spark Plug Division's Wastewater Treatment Plant a misinterpretation of the regulations occurred and an application for a Hazardous Waste Permit was submitted. The facility then received interim status. I am therefore requesting that the Part A Permit be withdrawn and that the facility be administratively closed.

-Page 2-
April 10, 1989
AC Spark Plug Division
WWTP MID# 980 568 570

As written in 40 CFR 270.11(d), I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If there are any questions please contact Ms. Susan D. Kelsey,
Divisional Environmental Engineer on 313-257-6595.

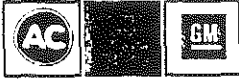
Very truly yours,



Mr. Jan E. Tannehill
General Manager

JET/sk 432

cc: P. Quakenbush, MDNR
C. F. Koons, Techna Corp.
S. D. Kelsey, C. R. Wendel



AC Rochester

1300 N. Dort Highway
Flint, Michigan 48556 USA

April 10, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Kathleen Clancy, Environmental Engineer
Michigan Department of Natural Resources
Waste Management Division
Stevens T. Mason Building
P.O. Box 30028
Lansing, MI 48909

Subject: AC Spark Plug Division
General Motors Corporation
Wastewater Treatment Plant
MID 980 568 570

Dear Ms. Clancy:

This letter is to certify that General Motors Corporation, AC Rochester Division (formerly AC Spark Plug Division), Wastewater Treatment Plant MID 980 568 570 (formerly MIT 270 010 242), which is currently operating under interim status, has never been used to store, transfer, treat, nor dispose of hazardous wastes. This is also to request administrative closure of the facility.

The Wastewater Treatment Plant is a pre-treatment facility that discharges to the City of Flint sanitary sewer. It is excluded under Public Act 64 R 299.9601(6) and R 299.9503(1)(e) because it is subject to regulation under sections 307(b) and 402 of the Clean Water Act. It is located on-site, treating wastes transported entirely by pipeline. It does not receive wastes from off-site generators not owned by AC Rochester Division.

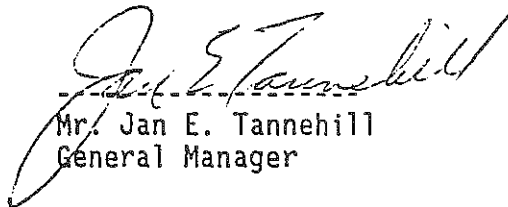
It has been determined that at the time of the original Part A permit application for AC Spark Plug Division's Wastewater Treatment Plant a misinterpretation of the regulations occurred and an application for a Hazardous Waste Permit was submitted. The facility then received interim status. I am therefore requesting that the Part A Permit be withdrawn and that the facility be administratively closed.

-Page 2-
April 10, 1989
AC Spark Plug Division
WWTP MID# 980 568 570

As written in 40 CFR 270.11(d), I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If there are any questions please contact Ms. Susan D. Kelsey,
Divisional Environmental Engineer on 313-257-6595.

Very truly yours,



Mr. Jan E. Tannehill
General Manager

JET/sk 432

cc: P. Quakenbush, MDNR
C. F. Koons, Techna Corp.
S. D. Kelsey, C. R. Wendel

22
NATURAL RESOURCES COMMISSION
THOMAS J. ANDERSON
MARLENE J. FLUHARTY
KERRY KAMMER
C. STEWART MYERS
DAVID D. OLSON
RAYMOND POUPORE

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING
BOX 30028
LANSING, MI 48909

XXXXXXXXXXXXXXXXXX
David F. Hales, Director

July 20, 1988

Ms. Susan D. Kelsey
Senior Environmental Engineer
Divisional Plant Engineering
AC Spark Plug
Division of General Motors Corp.
Flint, Michigan 48556

Dear Ms. Kelsey:

SUBJECT: Extension of Deadline for Submittal of Act 64 Operating License
Applications or Closure Plans

We have reviewed your June 17, 1988, request to extend the date for submittal of the operating license applications or closure plans for the facilities identified as MID 980 568 620, 980 568 670, and 980 568 745 from June 28, 1988 to November 8, 1988 and for MID 005 356 647 from September 8, 1988, to November 8, 1988.

We agree that the deadline for submittal of the applications or closure plans for all of the facilities should be simultaneous and an extension is warranted. However, your request did not provide adequate justification for an extension of the deadline to November 8, 1988. Therefore, I hereby extend the deadline for submittal of all applications or closure plans to September 16, 1988.

If you have any questions regarding this extension, please contact Mr. Peter Quackenbush at 517-373-2730 or me.

Sincerely,

Alan J. Howard
for Alan J. Howard, Chief
Waste Management Division
517-373-2730

cc: Mr. Robert Basch
Mr. Peter Quackenbush
Mr. Ken Burda
C&E Files



M 270 010 242
G T TSD PA

To See Below

Location

From Mr. J. W. Cagle

Location

Subject Delegation of Authority to Sign
Reports Under EPA Consolidated
Permit Programs

Date March 24, 1981

MIT 270010242

TO: All Parts Plant Managers
All P.D.C. Managers
All Truck and Coach Managers

As required under Environmental Protection Agency Consolidated Permit Programs, Part 122, Section 122.6, the position of Plant Manager is hereby designated as my duly authorized representative for your facility. As such, the Plant Manager is authorized to sign all reports required by permits, and other information requested by the EPA Regional Administrator and/or the State/Local Program Director.

In the absence of the person occupying the designated position due to vacation, illness, or other reasons, the person temporarily responsible for the operation of the facility or activity is my duly authorized representative.

Any questions should be directed to the Environmental Control Group - Flint Central Office.

J. W. Cagle
General Manager
General Motors Warehousing and
Distribution Division

JWC/vp

cc: EPA Regional Administrator

FORM <div style="font-size: 2em; font-weight: bold;">1</div>		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F M I T 2 7 0 0 1 0 2 4 2 </div>
II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	GMC AC SPARK PLUG DIV. WASTE TREATMENT
---	------	--

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 SCHULTZ GORDON GEN SUPERVISOR	313 766 2147

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 1300 N DORT HIGHWAY	4 FLINT	MI	48556

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 3026 ROBERT T LONGWAY BLVD	GENESEE	FLINT	MI	48556	025

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	3	7	1	4	(specify) Motor vehicle parts and accessories	7	3	6	9	4	(specify) Spark plugs, engine ignition								
C. THIRD										D. FOURTH									
7	3	8	2	4	(specify) Motor vehicle instruments	7	3	5	1	9	(specify) Parts and accessories for internal combustion engine								

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?							
8	G	M	C	A	C	S	P	A	R	K	P	L	U	G	D	I	V	W	A	S	T	E	T	R	E	A	T	M	E	N	T	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)									
F = FEDERAL	M = PUBLIC (other than federal or state)	P = PRIVATE	O = OTHER (specify)	P	(specify)	3	1	3	7	6	6	2	1	4	1									

E. STREET OR P.O. BOX																								
3	0	2	6	R	O	B	E	R	T	T	L	O	N	G	W	A	Y	B	L	V	D			

F. CITY OR TOWN															G. STATE		H. ZIP CODE					IX. INDIAN LAND				
B	F	L	I	N	T	M	I	4	8	5	5	6	Is the facility located on Indian lands?													
												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N	A	9	P	N	A													
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U	N	A	9	7	8	0	0	4	D	1	(specify) Flint Water Discharge Permit							
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R	N	A	9	S	E	E	A	T	T	A	C	H	E	D	(specify) Michigan Air Use Permits			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive components

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
John R. Wilson, Jr. General Manager																														11-17-80									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																													

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		1. EPA I.D. NUMBER F M I T 2 7 0 0 7 0 2 4 2 3 D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE <i>MI D 980 568570</i>		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
FACILITY NAME					
FACILITY MAILING ADDRESS					
FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	G M C A C S P A R K P L U G D I V W A S T E T R E A T M E N T
---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	S C H U L T Z G O R D O N G E N S U P E R V I S O R	3 1 3	7 6 6 2 1 4 7

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	1 3 0 0 N D O R T H I G H W A Y	4	F L I N T	M I	4 8 5 5 6

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	3 0 2 6 R O B E R T T L O N G W A Y B L V D	G E N E S E E		6	F L I N T	M I	4 8 5 5 6
							0 4 9

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	1	4	(specify)	Motor vehicle parts and accessories	
7	3	6	9	4	(specify)	Spark plugs, engine ignition	
C. THIRD				D. FOURTH			
7	3	8	2	4	(specify)	Motor vehicle instruments	
7	3	5	1	9	(specify)	Parts and accessories for internal combustion engine	

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?	
GMC AC SPARK PLUG DIV WASTE TREATMENT															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)															313 766 2141	
E. STREET OR P.O. BOX																
3026 ROBERT T LONGWAY BLVD																
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND		
FLINT										MI		48556		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
NA										NA									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
NA										78004D1 (specify) Flint Water Discharge Permit									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
NA										SEE ATTACHED (specify) Michigan Air Use Permits									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive components

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
John R. Wilson, Jr. General Manager				11-17-80	

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY														

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			F M I T 2 7 0 0 1 0 2 4 2 3 1														

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				
23					24					29				

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)														
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)														
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)														
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)														
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN														
YR. MO. DAY														
8 5 5 0 6 0 1														
73 74 75 76 77 78														
B. REVISED APPLICATION (place an "X" below and complete Item I above)														
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS														
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT														
72														

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
GALLONS	G		ACRE-FEET	A	
LITERS	L		HECTARE-METER	F	
CUBIC YARDS	Y		ACRES	B	
CUBIC METERS	C		HECTARES	Q	
GALLONS PER DAY	U				
LITERS PER DAY	V				
TONS PER HOUR	D				
METRIC TONS PER HOUR	W				
GALLONS PER HOUR	E				
LITERS PER HOUR	H				

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.														
C D U P 3 1														
1 2 13 14 15														
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY					
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)						
X-1	S 0 2	600	G		5									
X-2	T 0 3	20	E		6									
1	S 0 2	3,760	G		7									
2	T 0 1	2,880,000	U		8									
3	T 0 4	2,550	U		9									
4	S 0 1	12,120	G		10									
16 - 18 19 27 28 29 - 32														

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code "T") FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

T04 - Waste Water Treatment Plant sludge dewatering presses.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE		CODE	METRIC UNIT OF MEASURE		CODE
POUNDS		P	KILOGRAMS		K
TONS		T	METRIC TONS		M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

- 1. PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
 - For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
 - Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above

CONTINUE ON REVERSE

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	M	I	T	2	7	0	0	1	0	2	4	2	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWINGAll existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). **A****VI. PHOTOGRAPHS**All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). **B****VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)

4	3	0	1	2	8	N
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	8	3	3	9	0	2	W
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.					6. ZIP CODE				
F										G																			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

John R. Wilson, Jr.

B. SIGNATURE

John R. Wilson, Jr.

C. DATE SIGNED

11-17-80

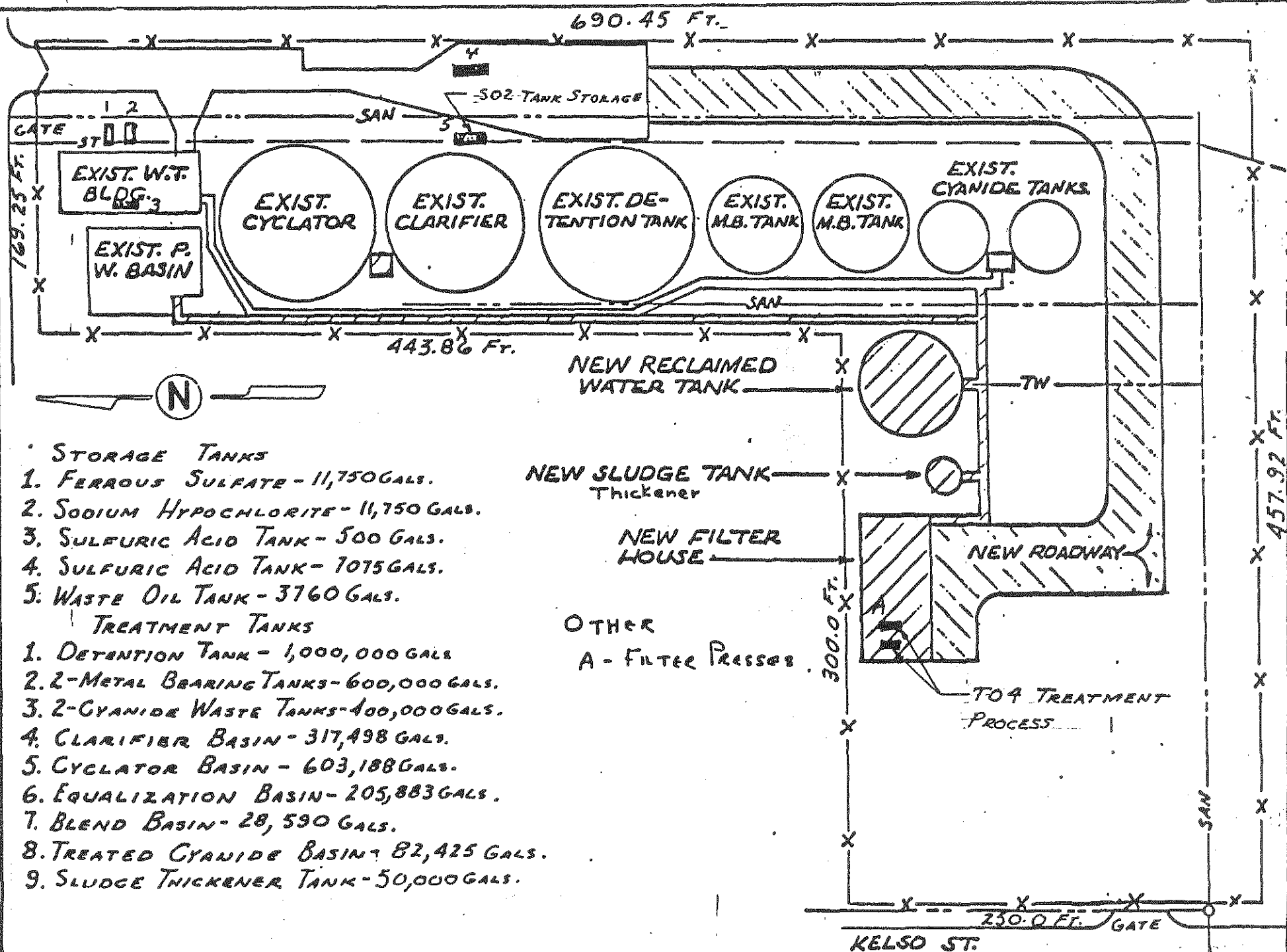
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



STORAGE TANKS

1. FERROUS SULFATE - 11,750 GALS.
2. SODIUM HYPOCHLORITE - 11,750 GALS.
3. SULFURIC ACID TANK - 500 GALS.
4. SULFURIC ACID TANK - 1075 GALS.
5. WASTE OIL TANK - 3760 GALS.

TREATMENT TANKS

1. DETENTION TANK - 1,000,000 GALS.
2. 2-METAL BEARING TANKS - 600,000 GALS.
3. 2-CYANIDE WASTE TANKS - 400,000 GALS.
4. CLARIFIER BASIN - 317,498 GALS.
5. CYCLATOR BASIN - 603,188 GALS.
6. EQUALIZATION BASIN - 205,883 GALS.
7. BLEND BASIN - 28,530 GALS.
8. TREATED CYANIDE BASIN - 82,425 GALS.
9. SLUDGE THICKENER TANK - 50,000 GALS.

WATER PURIFICATION FACILITY

APPROX. SCALE 3" = 250'-0"

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			S M I T 2 7 0 0 1 0 2 4 2											

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C	YR. MO. DAY	YR. MO. DAY	
8	5 5 0 6 0 1		
15	73 74 75 76 77 78	73 74 75 76 77 78	

B. REVISED APPLICATION (place an "X" below and complete Item I above)	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
72	72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A C		1					
C		DUP							
1 2		13 14 15							
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	3,760	G		7				
2	T 0 1	2,880,000	U		8				
3	T 0 4	2,550	U		9				
4	S 0 1	12,120	G		10				
16 - 18 19		27		28		29 - 32		32	

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - Waste Water Treatment Plant sludge dewatering presses.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	M	I	T	2	7	0	0	1	0	2	4	2	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	3	0	1	2	8	N
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	8	3	3	9	0	2	W
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F														
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

John R. Wilson, Jr.

B. SIGNATURE

John R. Wilson, Jr.

C. DATE SIGNED

11-17-80

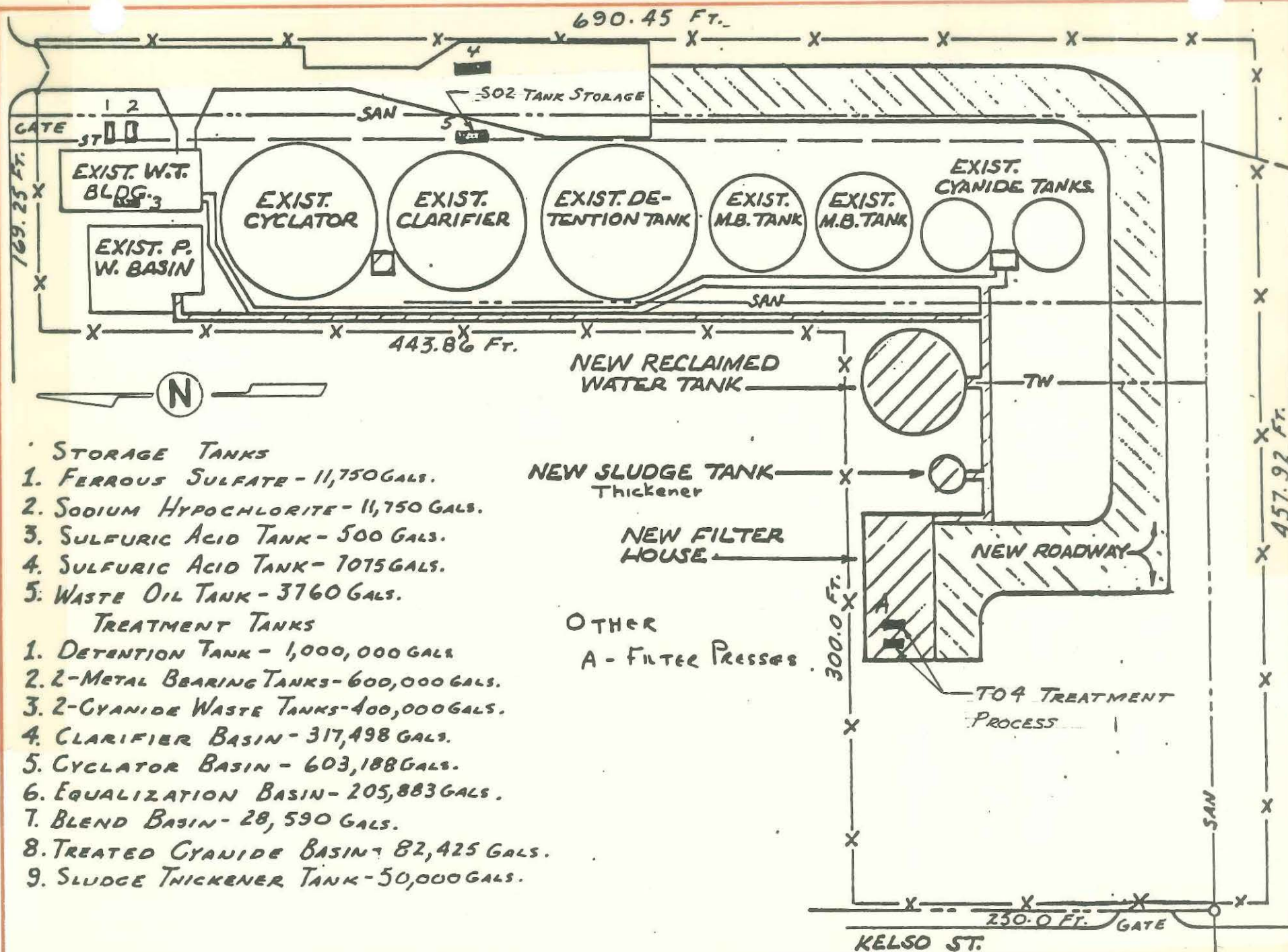
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



STORAGE TANKS

1. FERROUS SULFATE - 11,750 GALS.
2. SODIUM HYPOCHLORITE - 11,750 GALS.
3. SULFURIC ACID TANK - 500 GALS.
4. SULFURIC ACID TANK - 1075 GALS.
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TREATMENT TANKS

1. DETENTION TANK - 1,000,000 GALS.
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6. EQUALIZATION BASIN - 205,883 GALS.
7. BLEND BASIN - 28,590 GALS.
8. TREATED CYANIDE BASIN - 82,425 GALS.
9. SLUDGE THICKENER TANK - 50,000 GALS.

OTHER

A - FILTER PRESS

WATER PURIFICATION FACILITYAPPROX. SCALE 3" = 250'-0"



AC Spark Plug

Division of General Motors Corporation Flint, Michigan 48556

AIR POLLUTION PERMITS
ISSUED BY MICHIGAN DEPARTMENT OF NATURAL RESOURCES
TO AC SPARK PLUG DIVISION

September 29, 1980

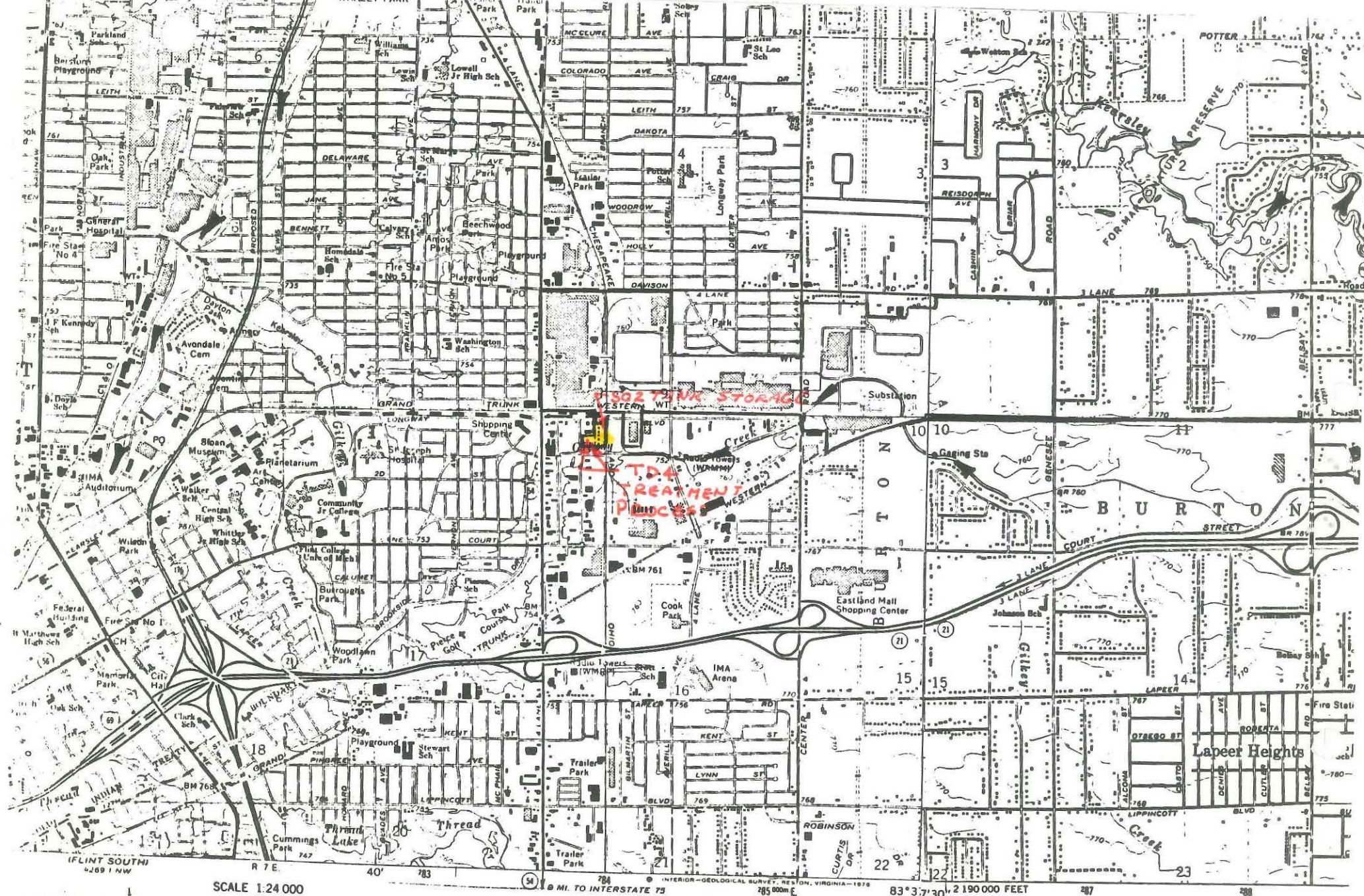
123-70	254-72	138-74	7-77	742-78	779-78
125-70	307-72	149-74	12-77	743-78	780-78
143-70	15-73	148-74	20-77	744-78	781-78
142-70	32-73	209-74	154-77	745-78	782-78
140-70	52-73	270-74	302-77	746-78	783-78
138-70	53-73	271-74	324-77	747-78	784-78
162-70	54-73	326-74	362-77	748-78	785-78
214-70	55-73	327-74	422-77	749-78	786-78
215-70	56-73	328-74	455-77	750-78	787-78
216-70	116-73	383-74	456-77	751-78	788-78
217-70	139-73	420-74	457-77	752-78	789-78
218-70	138-73	450-74	477-77	753-78	790-78
219-70	127-73	451-74	533-77	754-78	791-78
220-70	144-73	39-75	557-77	755-78	792-78
221-70	143-73	40-75	554-77	756-78	793-78
110-70	145-73	56-75	699-77	757-78	794-78
87-71	146-73	147-75	718-77	758-78	795-78
45-71	147-73	145-75	724-77	759-78	796-78
46-71	148-73	146-75	726-77	760-78	797-78
47-71	149-73	188-75	725-77	761-78	798-78
63-71	150-73	189-75	95-78	478-78	799-78
122-71	160-73	238-75	96-78	479-78	800-78
128-71	159-73	252-75	129-78	762-78	801-78
184-71	187-73	268-75	133-78	763-78	802-78
183-71	186-73	285-75	266-78	764-78	803-78
185-71	217-73	327-75	312-78A	765-78	804-78
217-71	218-73	397-75	312-78	766-78	805-78
216-71	221-73	29-76	366-78	767-78	806-78
215-71	256-73	30-76	367-78	768-78	807-78
214-71	364-73	85-76	368-78	769-78	808-78
213-71	429-73	97-76	386-78	770-78	809-78
26-72	426-73	98-76	387-78	771-78	810-78
25-72	477-73	99-76	388-78	772-78	811-78
56-72	43-74	117-76	401-78	773-78	812-78
55-72	107-74	118-76	733-78	774-78	814-78
54-72	106-74	119-76	734-78	775-78	815-78
87-72	108-74	120-76	735-78	776-78	816-78
107-72	109-74	131-76	736-78	777-78	817-78
116-72	110-74	137-76	737-78	778-78	818-78
183-72	124-74	165-76	738-78	779-78	819-78
215-72	137-74	317-76	739-78	780-78	820-78
217-72	136-74	316-76	740-78	779-78	821-78
253-72	139-74	8-77	741-78	778-78	822-78

Air Pollution Permits
Issued by Michigan Department of Natural Resources
to AC Spark Plug Division
September 29, 1980

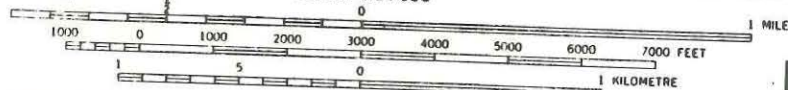
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828-78	679-79
829-78	678-79
830-78	677-79
831-78	676-79
832-78	675-79
833-78	674-79
834-78	700-79
835-78	963-79
836-78	70-80
837-78	93-80
838-78	139-80
839-78	295-80
840-78	351-80
841-78	352-80
842-78	353-80
843-78	380-80
844-78	395-80
845-78	589-80
846-78	590-80
847-78	591-80
848-78	592-80
849-78	
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862-78	
863-78	
864-78	
604-78	
63-79	
108-79	
109-79	
197-79	

List prepared by:

A. J. O'Brien



SCALE 1:24 000



CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

WATER PURIFICATION FACILITY

Lat. $43^{\circ} 01' 28''$ N.

Long. $083^{\circ} 39' 02''$ W.



QUADRANGLE LOCATION

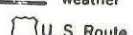
ROAD CLASSIFICATION

Primary highway, all weather,
hard surface

Secondary highway, all weather,
hard surface

Light-duty road, all weather,
improved surface

Unimproved road, fair or dry
weather



Mapped, edited, and published by the Geological Survey
in cooperation with State of Michigan agencies
Control by USGS and USC&GS

Topography by photogrammetric methods from aerial
photographs taken 1966-67, and in part by the
Genesee County Metropolitan Planning Commission
Field checked 1969

Polyconic projection. 1927 North American datum
10,000-foot grid based on Michigan coordinate system, south zone

FLINT NORTH. MICH.

Form 1 Item XI EPA I.D. #270010242

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of
regulated quantities of hazardous waste at any
time during 1983. ☐

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

~~F M I D 9 8 0 5 6 8 5 7 0 1~~ T/A C
1 2 13 14 15

This Facility's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

G M C A C S P A R K P L U G D I V W A S T E T R E A T M E N T
30 69

IV. FACILITY MAILING ADDRESS

3 1 3 0 0 N O R T H D O R T H I G H W A Y
15 16 45

Street or P.O. Box

4 F L I N T M I 4 8 5 5 6
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5 3 0 2 6 R O B E R T T L O N G W A Y B L V D.
15 16 45

Street or Route number

6 F L I N T M I 4 8 5 5 6
15 16 41 42 47 51

City or Town

State Zip Code

VI. FACILITY CONTACT

2 G O R D O N L I S C H U L T Z
15 16 45

Name (last and first)

3 1 3 - 2 5 7 - 6 2 5 7
46 55

Phone No. (area code & no.)

VII. COST ESTIMATES FOR FACILITIES

\$ 16 19 22 1 3 4 0 0 \$ 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

K. M. Hopkins - Dir. of Plt. Eng. & Toolroom

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY'S EPA I.D. NO.

T/A C

F	M	I	D	9	8	0	5	6	8	5	7	0	1
1	2										13	14	15

X. GENERATOR'S EPA I.D. NO.

G	M	I	D	9	8	0	5	6	8	5	7	0
16												28

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

GMC AC SPARK PLUG WASTE TREATMENT
ON-SITE ☒

XII. GENERATOR ADDRESS

3026 ROBERT T. LONGWAY BLVD.
FLINT, MI 48556

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01	AMOUNT OF WASTE	UOM	S02	AMOUNT OF WASTE	UOM	S03	AMOUNT OF WASTE	UOM
S04	AMOUNT OF WASTE	UOM	S05	AMOUNT OF WASTE	UOM			

XIV. WASTE IDENTIFICATION

Sequence #	#	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1	F 0 0 6	T 0 1	2,236	T
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				

XV. COMMENTS (enter information by section number—see instructions)

WASTE TREATMENT SLUDGE GENERATED THROUGH TREATMENT OF WASTE RECEIVED FROM PLANT.

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

II. GENERATOR'S EPA I.D. NUMBER

- ☐ For 1983 Only ☐ Permanently
- ☐ Other _____

F M I D 9 8 0 5 6 8 5 7 0 1
1 2 13 14 15

T/A C

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

G M C A C S P A R K I P L U G I D I T V I W A S T E T R E A T M E N T
30 69

IV. INSTALLATION MAILING ADDRESS

3 1 3 0 0 1 N O R T H I D O R T I H I I G H W A Y
15 16 45

Street or P.O. Box

4 F L I N T M I 4 8 5 5 6
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5 3 0 2 6 R O B E R T T L O N G W A Y B L V D
15 16 45

Street or Route number

6 F L I N T M I 4 8 5 5 6
15 16 41 42 47 51

City or Town

State Zip Code

VI. INSTALLATION CONTACT

2 G O R D O N L S C H U L T Z
15 16 45

Name (last and first)

3 1 3 2 5 7 6 2 5 7
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

K.M. Hopkins - Dir. of Plt. Eng. & Toolrooms

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 9 8 0 5 6 8 5 7 0 1
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F M I D 0 4 8 0 9 0 6 3 3
16 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

WAYNE DISPOSAL SITE #2

XI. FACILITY ADDRESS

49350 N. SERVICE DRIVE

BELLEVILLE, MI 48111

XII. TRANSPORTATION SERVICES USED

J & W LEASING MIT 270019672

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Water treatment sludge (generated from manufacture of auto accessories)	1 2 35 33 34 43	F 0 0 6 38 39 42 46 47 50 51	2,236	T 59 60
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)



MAR 26 1987

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:
SHE-12

MJD 980 568 570

General Motors Corporation
General Motors Building
3044 W. Grand Boulevard
Detroit, Michigan 48202

Re: RCRA Financial Responsibility

Dear Owner/Operator:

On October 30, 1986, the State of Michigan was granted final authorization by the Administrator of the United States Environmental Protection Agency (U.S. EPA) to administer a hazardous waste program in lieu of the Federal program. As a result of final authorization, Michigan is required to enforce the provisions of the Resource Conservation and Recovery Act (RCRA). One of these provisions (40 CFR Part 265, Subpart H) requires all hazardous waste facilities to demonstrate financial responsibility for liability coverage and closure/post-closure care.

To implement this aspect of authorization, financial documents must be written to satisfy the requirements of the Michigan Administrative Code 1985 AACs, Part 7, which is the Michigan equivalent of 40 CFR Part 265, Subpart H. This letter is to notify you that your financial test should be updated and sent to the Director of the Michigan Department of Natural Resources within 90 days after the close of your fiscal year.

If you have any questions or desire additional information, please contact Ms. Sharon Johnson at (312) 886-4581 or Ronald Brown at (312) 353-7921.

Sincerely yours,

Wm. E. Muno

William E. Muno, Chief
RCRA Enforcement Section

cc: John Bohunsky, MDNR

U.S. EPA ID #: MID000721 ✓

GMC ROCHESTER PROD DIV COOPERSVILL*
2100 BURLINGAME
GRAND RAPIDS MI 49501

U.S. EPA ID #: MID003912920 ✓

GMC WHS & DIST DIV DRAYTON PLAINS
6060 W BRISTOL ROAD
FLINT MI 48554

U.S. EPA ID #: MID980700827 ✓

GMC OLDSMOBILE DIV PLTS 2 & 3
P O BOX 30061
LANSING MI 48909

U.S. EPA ID #: MID017079625 ✓

GMC ROCHESTER PROD DIV WYOMING PLT
2100 BURLINGAME
GRAND RAPIDS MI 49501

U.S. EPA ID #: MID005356902 ✓

GMC TRUCK & BUS GROUP
660 S BLVD E
PONTIAC MI 48053

U.S. EPA ID #: MID003906773 ✓

GMC WHS & DIST DIV FLINT
6060 W BRISTOL ROAD
FLINT MI 48554

U.S. EPA ID #: MID005356770 ✓

GMC FISHER BODY DIV COLDWATER RD
1245 E COLDWATER RD
FLINT MI 48559

U.S. EPA ID #: MID000718544 ✓

GMC GMAD LAKE ORION TWP PLT
PO BOX 347
LAKE ORION MI 48035

U.S. EPA ID #: MID005356704 ✓

GMC CADILLAC MOTOR CAR CLARK PLT
2860 CLARK ST
DETROIT MI 48232

U.S. EPA ID #: MID005356688 ✓

GMC CHEVROLET BAY CITY
100 FITZGERALD ST
BAY CITY MI 48706

U.S. EPA ID #: MID086744802 ✓

GMC CHEVROLET DETROIT GEAR AND AXLE
1840 HOLBROOK AVE
DETROIT MI 48212

U.S. EPA ID #: MID005356621 ✓

GMC CHEVROLET LIVONIA
13000 ECKLES RD
LIVONIA MI 48151

U.S. EPA ID #: MID005356803 ✓

GMC DETROIT DIESEL ALLISON DIV RED*
13400 WEST OUTER DR
DETROIT MI 48239

U.S. EPA ID #: MID005356787 ✓

GMC FISHER BODY DIV FORT ST
6307 WEST FORT STREET
DETROIT MI 48209

U.S. EPA ID #: MID000724740 ✓

GMC HYDRA-MATIC DIV
ONE HYDRA-MATIC DRIVE
THREE RIVERS MI 49093

U.S. EPA ID #: MID000718551 ✓

GMC HYDRA-MATIC DIV THREE RIVERS P*
ONE HYDRA-MATIC DR
THREE RIVERS MI 49093

U.S. EPA ID #: MID005356694 ✓

GMC OLDSMOBILE DIV PLT 1
P O BOX 30061
LANSING MI 48909

U.S. EPA ID #: MID082220757 ✓

GMC PROVING GROUND MILFORD
HICKORY RIDGE & GM ROADS
MILFORD MI 48042

U.S. EPA ID #: MID980568836 /

GMC TRUCK & COACH DIV PONTIAC WEST
660 S BLVD E
PONTIAC MI 48053

U.S. EPA ID #: MID980700843 ✓

GMC OLDSMOBILE DIV PLT 5
P O BOX 30061
LANSING MI 48909

U.S. EPA ID #: MID980568) ✓

GMC AC SPARK PLUG DIV DAVISON ENG
1300 NORTH DORT HIGHWAY
FLINT MI 48556

U.S. EPA ID #: MID005356647 ✓

GMC AC SPARK PLUG DIV DORT HWY
1300 N DORT HWY
FLINT MI 48556

U.S. EPA ID #: MID980568570 ✓

GMC AC SPARK PLUG DIV WASTE TRMT
1300 N DORT HIGHWAY
FLINT MI 48556

U.S. EPA ID #: MID005356795

GMC ASSEMBLY DIV
2625 TYLER ROAD
YPSILANTI MI 48197 ✓

U.S. EPA ID #: MID005356696 ✓

GMC CENTRAL FOUNDRY DIV SAG MAL IR*
77 W CENTER ST
SAGINAW MI 48605

U.S. EPA ID #: MID076380583 ✓

GMC CHEVROLET DETROIT ASSEMBLY
601 PIQUETTE
DETROIT MI 48202

U.S. EPA ID #: MID005356654 ✓

GMC CHEVROLET FLINT MFG
300 NORTH CHEVROLET AVENUE
FLINT MI 48555

U.S. EPA ID MID0041793340 ✓

GMC CHEVROLET SAGINAW CASTING & PA*
2100 VETERANS MEMORIAL PARKWAY
SAGINAW MI 48601

U.S. EPA ID #: MID000809905 ✓

GMC DETROIT DIESEL ALLISON ROMULUS*
36680 ECKSE RD
ROMULUS MI 48174

U.S. EPA ID #: MID005356712 ✓

GMC BUICK MOTOR DIV
902 E HAMILTON ST BLDG 85
FLINT MI 48550

U.S. EPA ID #: MID084571256 ✓

GMC CHEVROLET ADRIAN MFG
1450 E BEECHER ST
ADRIAN MI 49221

U.S. EPA ID #: MID020105565 ✓

GMC CHEVROLET DETROIT FORGE
8435 ST AUBIN
DETROIT MI 48212

U.S. EPA ID #: MID005356951 ✓

GMC CHEVROLET FLINT VAN SLYKE COMP*
G-3248 VAN SLYKE RD
FLINT MI 48552

U.S. EPA ID #: MID005356845 ✓

GMC CHEVROLET SAGINAW MFG
2328 EAST GENESEE AVE
SAGINAW MI 48605

O: WMD ✓
CC: RF

General Motors Corporation

Mr. Valdas V. Adamkus
Regional Administrator
U.S. EPA Region V
230 S. Dearborn
Chicago, IL 60604

RECEIVED

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

Dear Mr. Adamkus:

I am the chief financial officer of General Motors Corporation, 3044 West Grand Boulevard, Detroit, Michigan 48202. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The firm identified above is the owner or operator of the following facilities for which liability coverage for both sudden and non-sudden accidental occurrences is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265: See Attachments A and B.

The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, liability coverage for both sudden and non-sudden accidental occurrences at the following facilities owned or operated by the following subsidiaries of the firm: None.

1. The firm identified above owns or operates the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: See Attachments A and B.
2. The firm identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure and post-closure care of the following facilities owned or operated by its subsidiaries. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility: None.
3. In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this firm is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility: See Attachment B.

RECEIVED ✓

9275f-75

COPY

General Motors Building 3044 West Grand Boulevard Detroit, Michigan 48202
U.S. EPA REGION 5
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

4. The firm identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: None.

5. This firm is the owner or operator of the following UIC facilities for which financial assurance for plugging and abandonment is required under Part 144. The current closure cost estimates as required by 40 CFR 144.62 are shown for each facility: None.

This firm is required to file a Form 10-K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this owner or operator ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited, year-end financial statements for the latest completed fiscal year, ended December 31, 1987.

ALTERNATIVE I
(\$ In Millions)

1. Sum of current closure and post-closure cost estimates (total of all cost estimates listed above)	\$	59.1
2. Amount of annual aggregate liability coverage to be demonstrated	\$	8.0
3. Sum of lines 1 and 2	\$	67.1
*4. Total liabilities (if any portion of your closure or post-closure cost estimates is included in your total liabilities, you may deduct that portion from this line and add that amount to lines 5 and 6)	\$	54,196.8
*5. Tangible net worth	\$	28,038.7
*6. Net worth	\$	33,225.1
*7. Current assets	\$	39,771.5
*8. Current liabilities	\$	25,528.2
9. Net working capital (line 7 minus line 8)	\$	14,243.3
*10. The sum of net income plus depreciation, depletion, and amortization	\$	9,662.9
*11. Total assets in U.S. (required only if less than 90% of assets are located in the U.S.)	\$	68,168.1
	YES	NO
12. Is line 5 at least \$10 million?	X	—
13. Is line 5 at least 6 times line 3?	X	—
14. Is line 9 at least 6 times line 3?	X	—
*15. Are at least 90% of assets located in the U.S.? If not complete line 16.	—	X
16. Is line 11 at least 6 times line 3?	X	—
17. Is line 4 divided by line 6 less than 2.0?	X	—
18. Is line 10 divided by line 4 greater than 0.1?	X	—
19. Is line 7 divided by line 8 greater than 1.5?	X	—

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g) as such regulations were constituted on the date shown immediately below..



F. A. Smith
Executive Vice President
March 30, 1988